

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035570

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

93

Primary Registration District No.

4153

Registrar's No.

63-65

VS 300
Rev. 4/59

1 0290

2 0290

3

4 1

5 1

6

7 0

8 2

9 4200

10

11

12 911-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH 1963

a. COUNTY

Dade

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Lockwood Mo

Length of stay in 1b

yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Home So. Main St

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Dade

c. CITY OR TOWN

Lockwood Mo

d. STREET ADDRESS

(If outside, give location)

So Main St

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Marie

Caroline

Combs

4. DATE OF DEATH

Month

Day

Year

Sept

23

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 7 1884

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

Hours

Min.

2

16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

House work

11. BIRTHPLACE (City and state or country)

Polk Co Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ben Steve Robertson

13b. MOTHER'S MAIDEN NAME

Katharine Butcher

14. NAME OF HUSBAND OR WIFE

T.D. Combs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Dr. T.D. Combs Lockwood Mo.

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

1/2 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Myocardial Infarction

1 hr

DUE TO (c)

Arteriosclerotic Heart Disease

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Coronary Insufficiency

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour s.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from on Sept 23, 1963 and last saw her alive on
Death occurred at 11:30p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold Bauer, M.D.

22b. ADDRESS

Lockwood, Mo

22c. DATE SIGNED

9-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept 26 1963

23c. NAME OF CEMETERY OR CREMATORY

Lockwood

23d. LOCATION (City, town, or county)

Lockwood Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Allison Funeral Home Greenfield Mo.

25. DATE RECD. BY LOCAL REG.

9/27/1963

26. REGISTRAR'S SIGNATURE

J.C. Canada

USE BLACK INK

OR

TYPEWRITER RIBBON

Harold Bauer, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenville, S.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.